

**APN:** 1318-09-701-002

**R.P.T.T.:** \$0.00

**Recording Requested By:**

smart!DEEDS, LLC  
9041 S. Pecos Road, Suite 3900  
Henderson, NV 89074

**After Recording Mail To:**

smart!DEEDS, LLC – 96094A  
9041 S. Pecos Road, Suite 3900  
Henderson, NV 89074

**Send Subsequent Tax Bills To:**

Marguerite Laura Johnson, Surviving Trustee  
214 Polhemus Avenue  
Atherton, CA 94027

## **AFFIDAVIT OF SURVIVING TRUSTEE**

TITLE OF DOCUMENT

I, **Marguerite Laura Johnson, Surviving Trustee**, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. By instrument dated **September 9, 1992, Stewart Allan Johnson and Marguerite Laura Johnson** executed the **Stewart Allan Johnson and Marguerite Laura Johnson Family Revocable Trust**.
2. Said trust appointed me to serve as Surviving Trustee upon the death or incapacity of **Stewart Allan Johnson**.
3. **Stewart Allan Johnson** died on **March 27, 2020** at **Atherton, California**, a resident of **San Mateo County, California** pursuant to the attached certified copy of the Certificate of Death and is the same person as said **Stewart Allan Johnson**.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities of Surviving Trustee.
5. The real property subject hereof is part of the trust estate, situated in the County of **Douglas**, State of **Nevada**, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: **670 Highway 50, Zephyr Cove, Nevada 89448**

Per NRS 111.312 – The Legal Description appeared previously in **Deed**, recorded on **September 23, 1992**, as Book **992**, Page **3883**, and Document No. **288965** in Douglas County Records, Douglas County, Nevada.

6. No other person has a right to the interest of the Trust in the described property.
7. The described property shall be transferred to **Marguerite Laura Johnson** as Surviving Trustee.

I, **Marguerite Laura Johnson**, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.

*Marguerite Laura Johnson*  
**Marguerite Laura Johnson**

Affiant  
Title

DATED this 29<sup>th</sup> day of August, 2021.

Marguerite Laura Johnson  
Marguerite Laura Johnson, Surviving Trustee

STATE OF \_\_\_\_\_ )

ss

COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by **Marguerite Laura Johnson, Surviving Trustee.**

**NOTARY STAMP/SEAL**

*SEE ATTACHED CERTIFICATE*

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Title and Rank

My Commission Expires: \_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

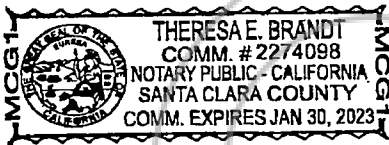
County of SAN MATEO

Subscribed and sworn to (or affirmed) before me on this 29<sup>TH</sup> day of AUGUST, 2021, by  
Date Month Year

(1) MARGUERITE LAURA JOHNSON

(and (2) \_\_\_\_\_),  
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Place Notary Seal and/or Stamp Above

Signature Theresa E Brandt  
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document AFFIDAVIT OF SURVIVING TRUSTEE

Title or Type of Document: MARGUERITE LAURA JOHNSON

Document Date: 29 AUG. 2021 Number of Pages: 39

Signer(s) Other Than Named Above: NONE

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, BOUNDED AND DESCRIBED AS FOLLOWS:

PARCEL 1:

BEGINNING AT A POINT THAT BEARS NORTH 85° WEST 495 FEET FROM THE MEANDER CORNER BETWEEN SECTIONS 9 AND 10, TOWNSHIP 13 NORTH, RANGE 18 EAST, M.D.B.&M.; THENCE SOUTH 610.8 FEET; THENCE EAST 400 FEET; THENCE NORTH 575.8 FEET; THENCE NORTH 85° WEST 401.53 FEET TO THE POINT OF BEGINNING; CONTAINING 5.45 ACRES, MORE OR LESS, BEING A PORTION OF LOT 1 OF FRACTIONAL SE 1/4 OF SECTION 9, TOWNSHIP 13 NORTH, RANGE 18 EAST, M.D.B.&M.

PARCEL 2:

BEGINNING AT A POINT ON THE SOUTH PROPERTY LINE OF THE PROPERTY OF CARL F. JOHNSON, IN THE FRACTIONAL NE 1/4 OF SE 1/4, SECTION 9, TOWNSHIP 13 NORTH, RANGE 18 EAST, M.D.B.&M., THAT BEARS SOUTH 37°03'03" WEST, A DISTANCE OF 711.21 FEET, MORE OR LESS, FROM THE MEANDER CORNER COMMON TO SECTIONS 9 AND 10, TOWNSHIP 13 NORTH, RANGE 18 EAST; THENCE SOUTH 52°15' EAST, A DISTANCE OF 106.53 FEET TO A POINT; THENCE FROM SAID POINT ON THE WESTERLY 40 FEET HIGHWAY RIGHT OF WAY LINE, FROM A TANGENT WHICH BEARS NORTH 46°51'42" EAST, CURVING TO THE RIGHT ALONG SAID HIGHWAY RIGHT OF WAY LINE WITH A RADIUS OF 540 FEET, THROUGH AN ANGLE OF 11°21'17" A DISTANCE OF 107.49 FEET TO A POINT AT THE INTERSECTION OF SAID HIGHWAY RIGHT OF WAY LINE AND THE SOUTH PROPERTY LINE OF THE PROPERTY OF CARL F. JOHNSON; THENCE WEST A DISTANCE OF 169.45 FEET ALONG SAID PROPERTY LINE TO POINT OF BEGINNING. CONTAINING 0.129 ACRES, MORE OR LESS.

TOGETHER WITH A RIGHT OF WAY FOR ROAD PURPOSES, AS SET FORTH IN THAT CERTAIN DEED DATED NOVEMBER 12, 1928, RECORDED IN BOOK 5 OF DEEDS, PAGE 505, RECORDS OF DOUGLAS COUNTY, NEVADA, EXECUTED BY GERTRUDE S. CHURCH, A WIDOW, TO CARL F. JOHNSON, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT THAT BEARS SOUTH 212.3 FEET, MORE OR LESS, FROM THE MEANDER CORNER BETWEEN SECTIONS 9 AND 10, TOWNSHIP 13 NORTH, RANGE 18 EAST, M.D.B.&M.; THENCE WEST 93.1 FEET, MORE OR LESS, AND A DISTANCE OF 10 FEET ON EITHER SIDE OF SAID LINE.

TOGETHER WITH 300' ROCK CRIBBED AND WOOD DECKED PIER AND BOAT ANCHORAGE.

WATER SYSTEM CONSISTING OF 5 H.P. ELECTRIC PUMP AND PRESSURE TANK WITH 6 CYLINDER CHRYSLER MOTOR AND PUMP - AUXILIARY STANDBY.

OVERTWO (2) MILES OF UNDERGROUND 2" TO 3/4" GALVANIZED PIPE FOR SPRINKLING SYSTEM WHICH COVERS ENTIRE AREA AND FIRE PROTECTION CONSISTS OF 10 FIRE PLUGS WITH NEW 50' CANVAS FIRE HOSE AND 7,500 GALLON REDWOOD STORAGE TANK. WATER APPROPRIATION FROM LAKE TAHOE - CERTIFICATE #3683. LAND IS FENCED ON TWO SIDES AND ONE END.

Per NRS 111.312 - The Legal Description appeared previously in **Deed**, recorded on **September 23, 1992**, as Book **992**, Page **3883**, and Document No. **288965** in Douglas County Records, Douglas County, Nevada.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM  
SAN MATEO, CALIFORNIA

305202006737

CERTIFICATE OF DEATH

3202041001189

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) STEWART		2. MIDDLE ALLAN		3. LAST (Family) JOHNSON	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH m/m/d/ccyy 09/21/1937		5. AGE Yrs 82	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED] 2997		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		7. DATE OF DEATH m/m/d/ccyy 03/27/2020		8. HOUR (24 Hours) 1818	
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CHIEF FINANCIAL OFFICER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) STARTUPS		19. YEARS IN OCCUPATION 59	
20. DECEDENT'S RESIDENCE (Street and number, or location) 214 POLHEMUS AVE					
21. CITY ATHERTON		22. COUNTY/PROVINCE SAN MATEO		23. ZIP CODE 94027	
24. YEARS IN COUNTY 40		25. STATE/FOREIGN COUNTRY CA			
28. INFORMANT'S NAME, RELATIONSHIP MARGUERITE JOHNSON, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 214 POLHEMUS AVE, ATHERTON, CA 94027			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST MARGUERITE		29. MIDDLE LAURA		30. LAST (BIRTH NAME) LEACH	
31. NAME OF FATHER/PARENT - FIRST WILLIAM		32. MIDDLE WARREN		33. LAST JOHNSON	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST ANNA		36. MIDDLE -	
37. LAST (BIRTH NAME) WILLIAMS		38. BIRTH STATE VT			
39. DISPOSITION DATE m/m/d/ccyy 04/10/2020		40. PLACE OF FINAL DISPOSITION JOHNSON FAMILY RESIDENCE 214 POLHEMUS AVE, ATHERTON, CA 94027			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT MENLO PARK FUNERALS		45. LICENSE NUMBER FD 2060		46. SIGNATURE OF LOCAL REGISTRAR ▶ SCOTT MORROW, MD	
47. DATE m/m/d/ccyy 03/31/2020					
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN MATEO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 214 POLHEMUS AVE		106. CITY ATHERTON	
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) KIDNEY FAILURE (B) CHRONIC KIDNEY DISEASE (C) (D) 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		Time Interval Between Onset and Death (A) 2WKS (B) 10YRS (C) (D)		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO					
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 09/19/2018 Decedent Last Seen Alive: 03/27/2020		115. SIGNATURE AND TITLE OF CERTIFIER ▶ SARAH WATSON M.D.		116. LICENSE NUMBER G56570	
117. DATE m/m/d/ccyy 03/31/2020		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SARAH WATSON M.D. 1706 EL CAMINO REAL STE 200, MENLO PARK, CA 94027			
118. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE m/m/d/ccyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER ▶		127. DATE m/m/d/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	
				*010001004493421*	

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF SAN MATEO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.



\* 001048693 \*

DATE ISSUED 04/01/2020

Signature of Scott Morrow, MD

SCOTT MORROW, MD  
HEALTH OFFICER AND REGISTRAR

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

